This form may be completed online, printed and mailed to the address listed below.

## STATE OF NEBRASKA

Department of Health and Human Services Regulation and Licensure Credentialing Division 301 Centennial Mall South, PO Box 94986 Lincoln, NE 68509-4986

## REQUEST FOR REISSUANCE OF LICENSE OR CERTIFICATION DOCUMENTS

REGULOT FOR REGORANCE OF EIGENOE OR CERTIFICATION DOCUMENTS						
1.	NAME:		First	Midd	lle	Last
2. ADDRESS:			Street/PO/Route	1		
			City	State	9	Zip
3.	DATE OF BIRTH:		Month/Day/Year			
4.	PROFESSION OCCUPATION	N:				
5.	LICENSE/CE NUMBER:	RT				
I hereby request reissuance of the following <u>license/certification</u> document(s):						
Docu	ıment Name		-	Nu	mber of Documents Request	<u>:ed</u>
Check all that apply:						
	small-s		card			
Iarge-size lice			license/certification			
NOTE: YOU MUST SUBMIT \$10.00 FOR EACH REISSUED DOCUMENT REQUESTED.						
Reason(s) for requesting that license/certification document(s) be reissued.						
A D N			Name Change Address Change Duplicate Copy Never Received Destroyed by Accident		Lost Stolen Printed with the Wrong Nam Other, explain:	
Attached is the Following Type of Proof of Identity:						
			opy of current driver's license showing photograph and signature opy of birth certificate or other legal court documents verifying name change opy of passport showing photograph and signature ther, explain:			
State of)						
County of) ss						
Affiant,, hereby solemnly swear that the foregoing statements are true and correct and the documents attached are true copies of original documents. Dated this day of of 20						
			Signature of L	icense	e:	
I viewed the photo I.D. and appearance of the person who appeared before me and attest that s/he is one and the same as affixed his/her signature upon this affidavit and I have viewed the original document and attest the attached copy is a true copy of the original.						
Date	d thisd	lay o	f			
					NOTARY PUBLIC SIG	NATURE

Rev. 10/93; 03/98; 01/00, 10/01, 4/04 \BF200B01\CREDENTIALING\Web Site Information\applications\reissue 12-03.doc www.hhs.state.ne.us/crl/reissue.pdf